

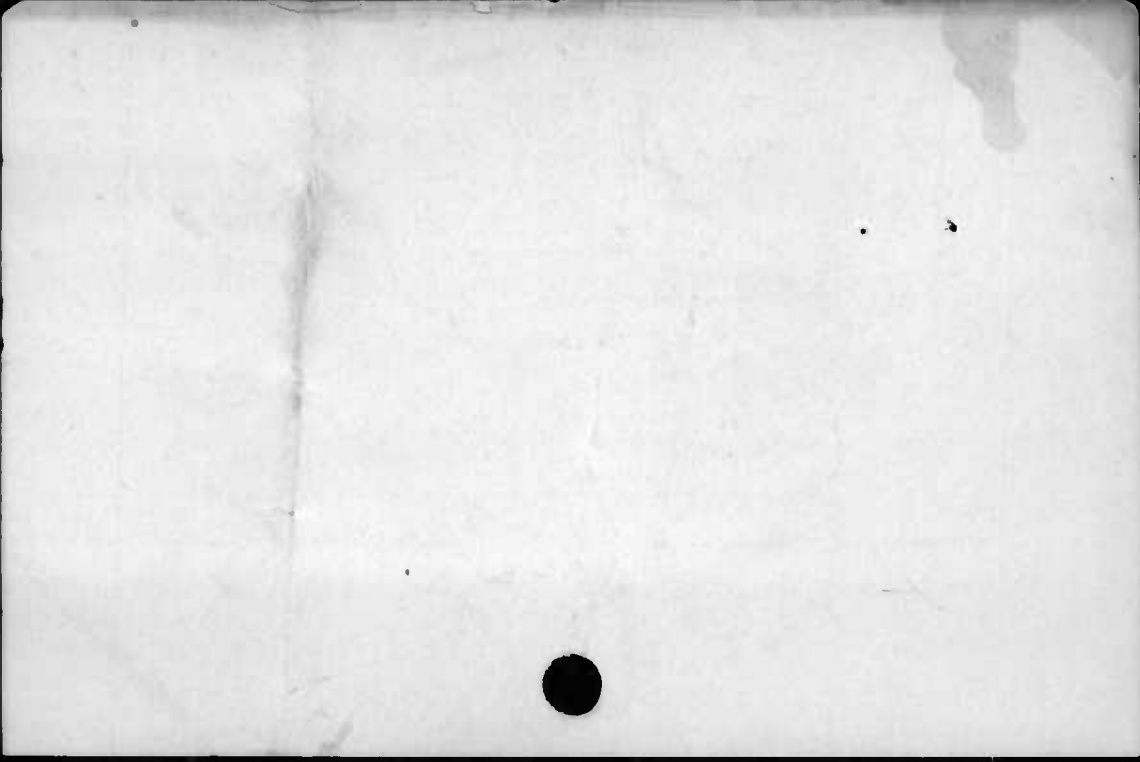
Name
in
Full7
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Leonard's</u>		Town		County		MARYLAND	
Date of death <u>1906 June</u>		Month		Day <u>14</u>		Age <u>60</u> Years	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birthplace <u>Calvert Co</u>		Months	
Occupation <u>Farmhand</u>		Where Residing if not at place of death <u>Calvert Co</u>		Days			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Kate Brooks</u>		Father's Name <u>John Brooks</u>		Father's Birthplace <u>Calvert Co</u>	
Mother's Maiden Name		Mother's Birthplace		Name of person giving information <u>H. A. Johnson</u>		How related to deceased <u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <u>Cerebr. Hemorrhage</u>		How long <u>64</u>	
Immediate Cause		How long <u>one week</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <u>✓</u>	
Accident or Suicide?		<u>H. Brooks & Bros</u>	



Name
in
Full

Mrs Sarah Franklin

CERTIFICATE OF DEATH

Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death	1906	Month June	Day 4	Age Years	25	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Calvert Co. Md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widow	Married		Name of Wife or Husband	Daniel Franklin			
Father's Name	William Rollins					Father's Birthplace	Calvert Co. Md
Mother's Maiden Name	Rachel Mackall					Mother's Birthplace	Calvert Co. Md
Name of parson giving Information	William Rollins					How related to deceased	Brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Pneumonia	(93)	How long	10 days
Immediate	Chronic Bronchitis		How long	4 mos
Are the name, age, sex, color, data and place correctly given above?		Yes	Signature of Physician	
			Address	
			Thomas M. Chaney	
			Chaney, Md.	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Caroline Frost

CERTIFICATE OF DEATH

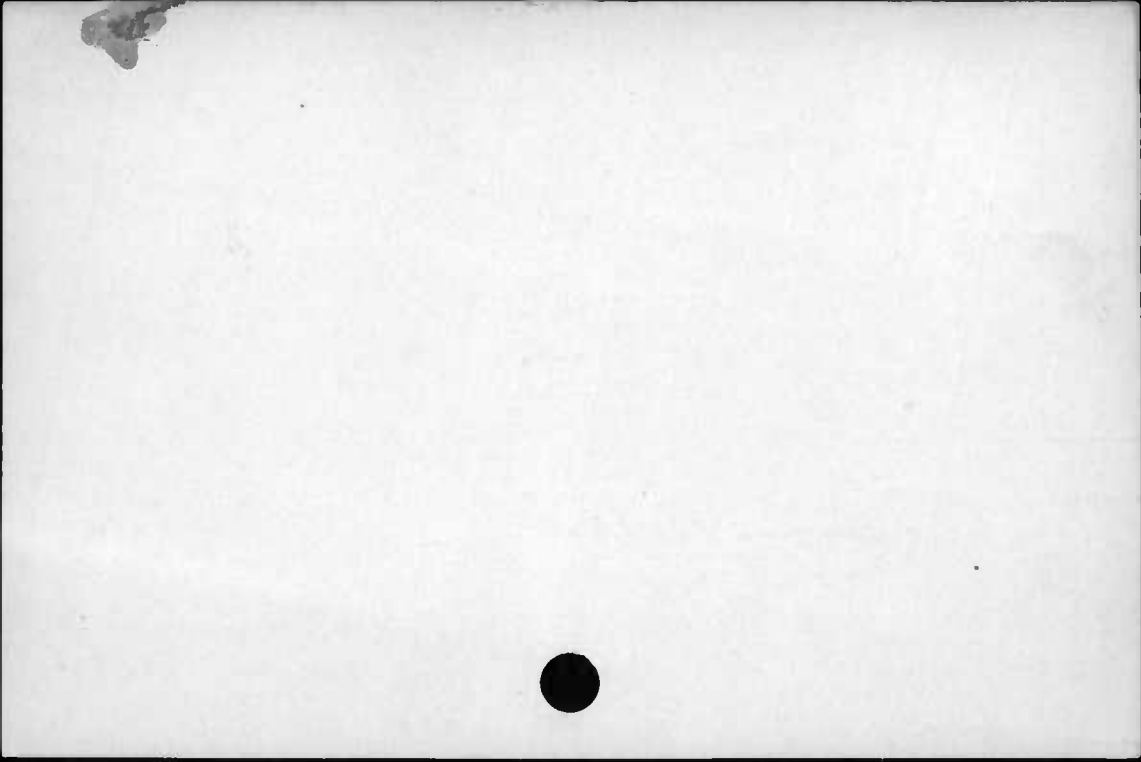
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Court Pt.* Town *Calvert* CountyDate of death *1906* Month *June* Day *13* Age *about 100* Years Months DaysSex *Female* Color or Race *Colored* Birthplace *Calvert Co Md*Occupation *—* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Caesar Frost*Father's Name *Allen Green* Father's Birthplace *Calvert Co*Mother's Maiden Name *Unknown* Mother's Birthplace *—*Name of person giving information *David Frost* How related to deceased *Son*

CAUSES OF DEATH

Primary *Senile Debility* How long *2 or 3 years*Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo F Chambers M.D.*Address *Court Pt or Lusby Md - Calvert Co*~~Accident or Suicide?~~



Name
in
FullMortman Carl Grover
Town Lumbey County Calvert

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1906

Month

June

Day

30

Age

Years

3

Months

7

Days

6

Sex

Male

Color or
Race

white

Birth-
place

Calvert Co.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Geo R Grover

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Ida P. Monett

Mother's
Birthplace

Calvert Co

Name of person giving
In formation

Geo. R. Grover

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enterocolitis

How long

24 hours

Immediate

Prostration

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

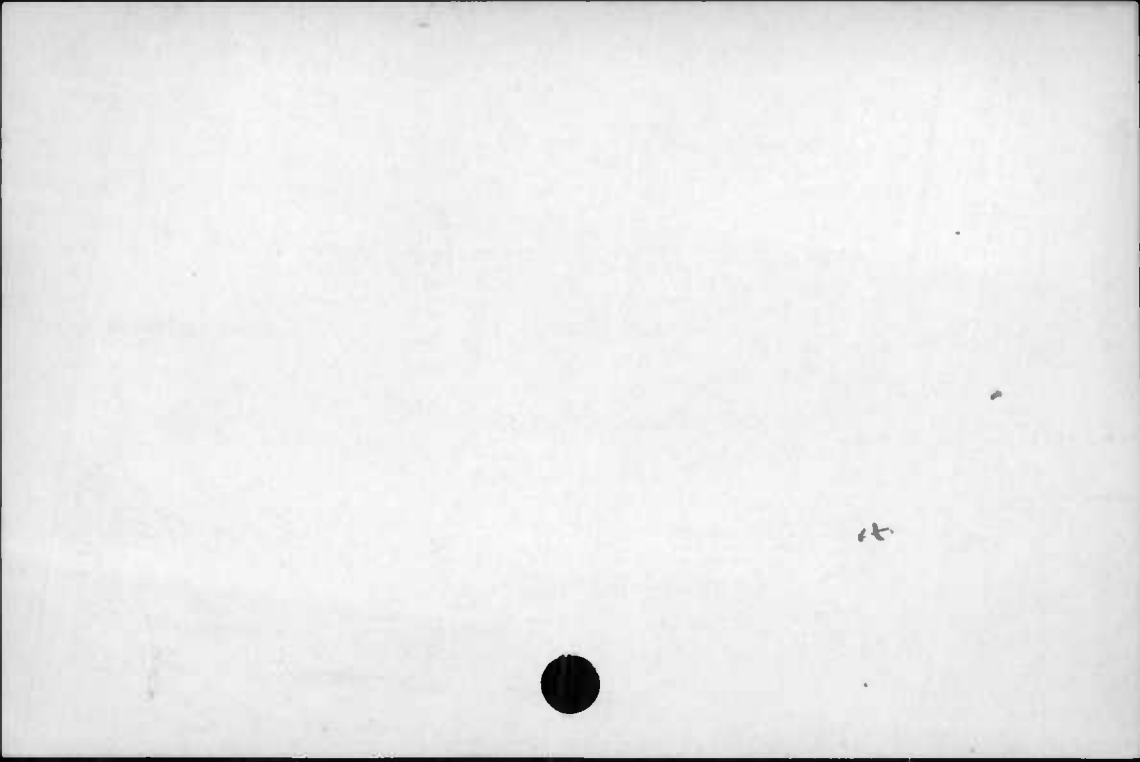
Mrs F Chambers M.D.

Address

Lumbey Md

Calvert Co

~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rosa Ann Hill

CERTIFICATE OF DEATH

MARYLAND

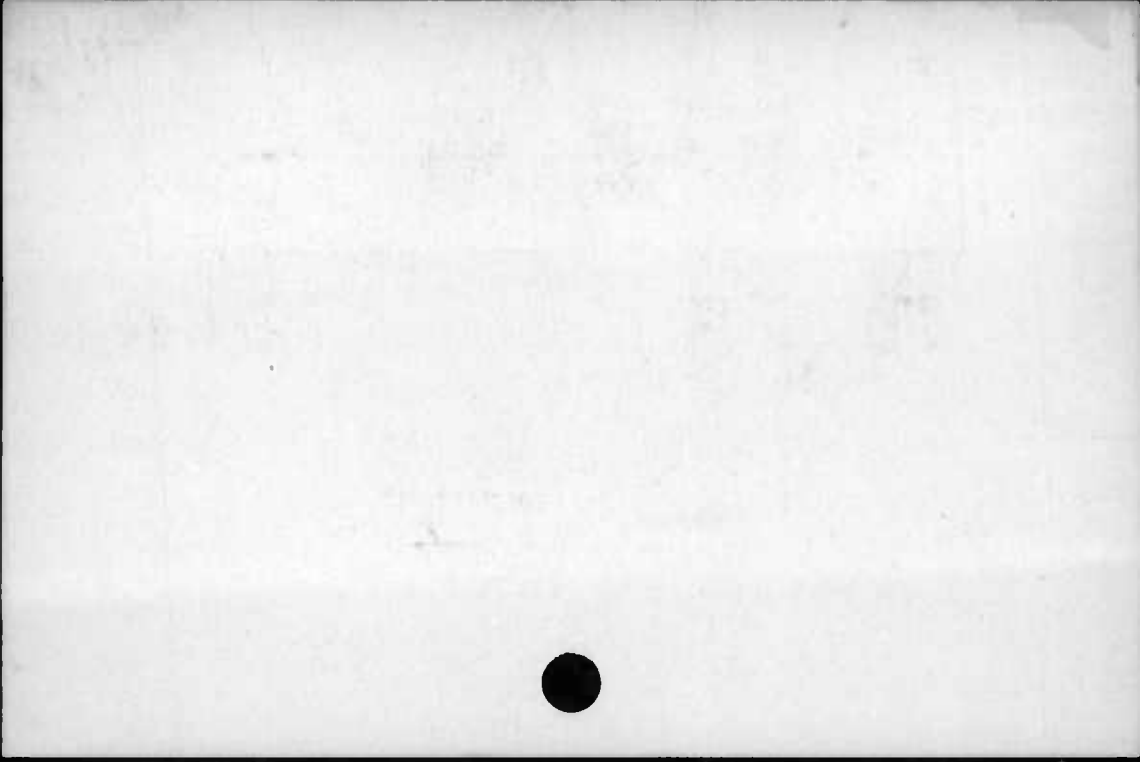
Died at *Oliver* Town *Calvert* CountyDate of death *1906 June 29* Month *June* Day *29* Age *About 80* Years Months DaysSex *Female* Color or Race *White* Birthplace *Somerset Co Md*

Occupation _____ Where Residing If not at place of death _____

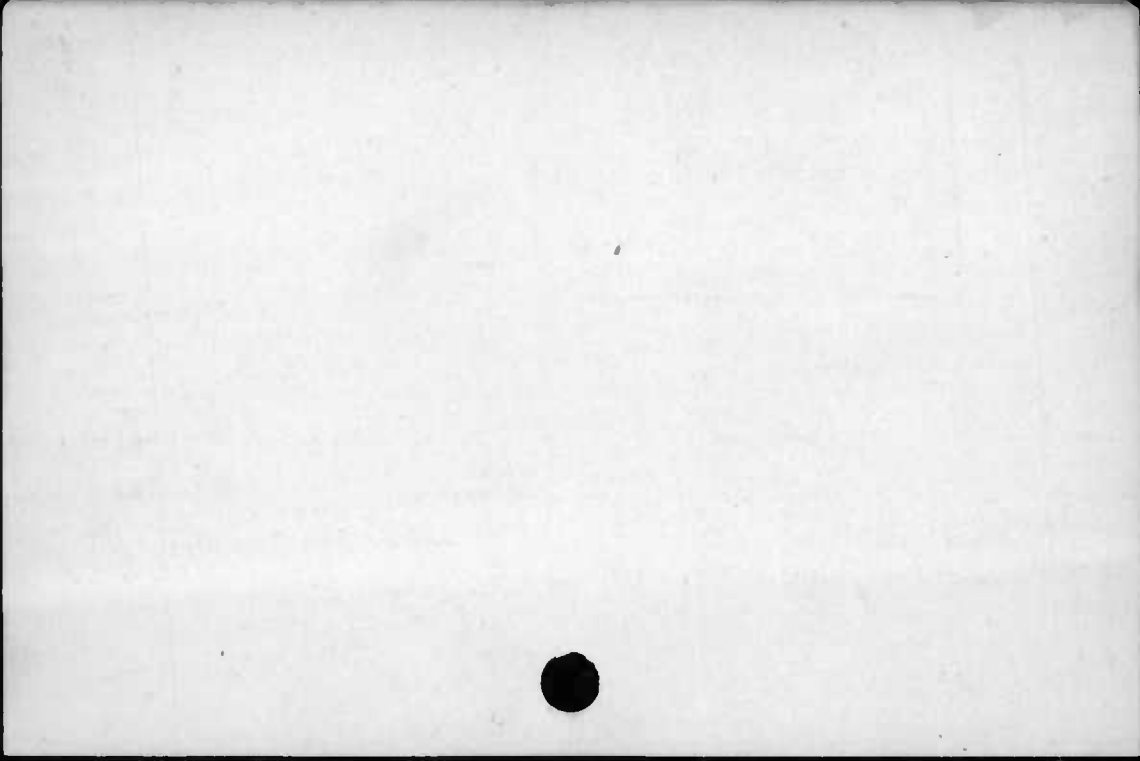
Married, Single or Widowed *Widow* Name of Wife or Husband *Charles Hill*Father's Name *Major Linton* Father's Birthplace *Somerset Co Md*Mother's Maiden Name *Unknown* Mother's Birthplace _____Name of person giving information *William Hill* How related to deceased *Son*

CAUSES OF DEATH

Primary *Dysentery* How long *6 days*Immediate *Prostration* How long _____Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo F Chambers MD*Address *Leesby Md
Calvert Co*Accident or Suicide?TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name <input checked="" type="checkbox"/> in Full		Rohrda Mister		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Brown Island</u> ^{Town} <u>Calvert</u> ^{County}		MARYLAND	
		Date of death <u>1906</u> ^{Month} <u>June</u> ^{Day} <u>Wednesday</u> ^{Years} <u>11m</u> ^{Months} <u>15</u> ^{Days}			
		Sex <u>Female</u> Color or Race <u>White</u>		Birth-place <u>Calvert Co</u>	
		Occupation _____		Where Residing if not at place of death _____	
		Married, Single or Widowed _____		Name of Wife or Husband _____	
		Father's Name <u>Guy Mister</u>		Father's Birthplace <u>Calvert Co</u>	
		Mother's Maiden Name <u>Elizabeth Elliott</u>		Mother's Birthplace <u>Calvert Co</u>	
		Name of person giving information <u>Emory Sewell</u>		How related to deceased <u>None</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Colic</u>		How long <u>10 days</u>	
		Immediate <u>Mania</u>		How long <u>1 day</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. Briscoe</u>	
				Address <u>Mutual</u>	
		Accident or Suicide?			



Name
in
Full

August Northsteno

CERTIFICATE OF DEATH

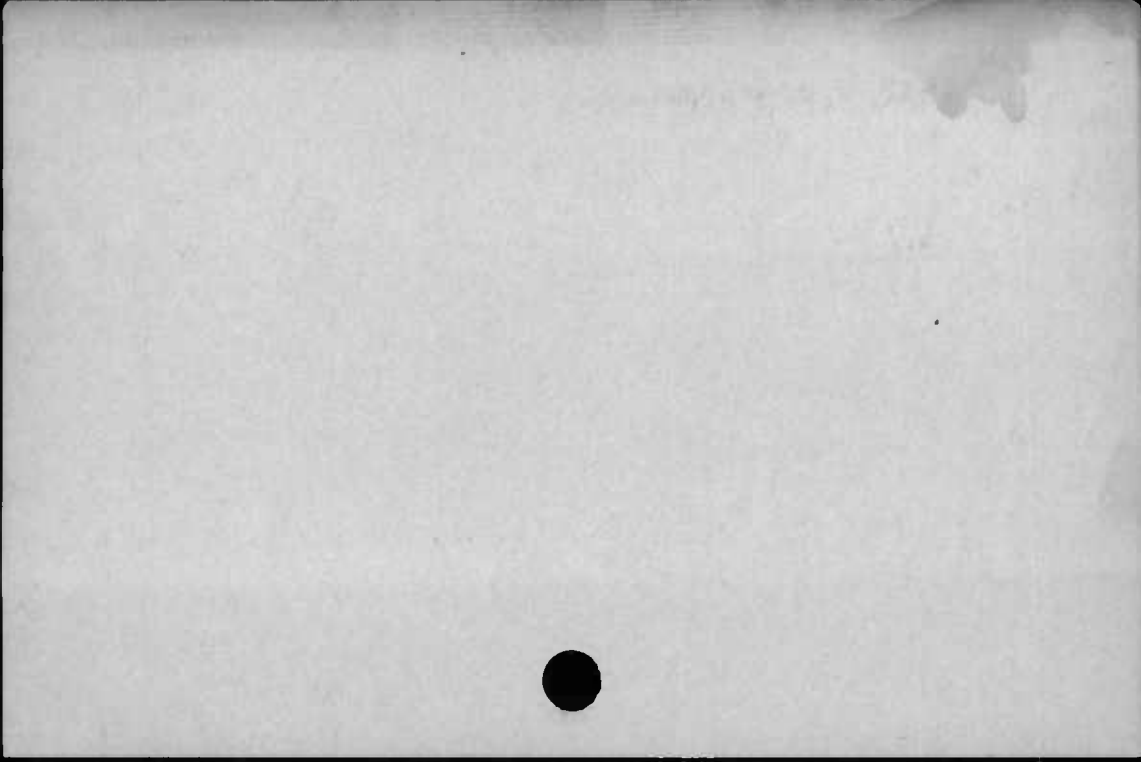
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntington</i>		Town <i>Coalport</i>		County		MARYLAND	
Date of death	1906	Month	June	Day	4	Years	25
Sex	Male	Color or Race	White	Birth-place	Sweden		
Occupation	Sailor			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	John A. Evanson				How related to deceased		
				How			

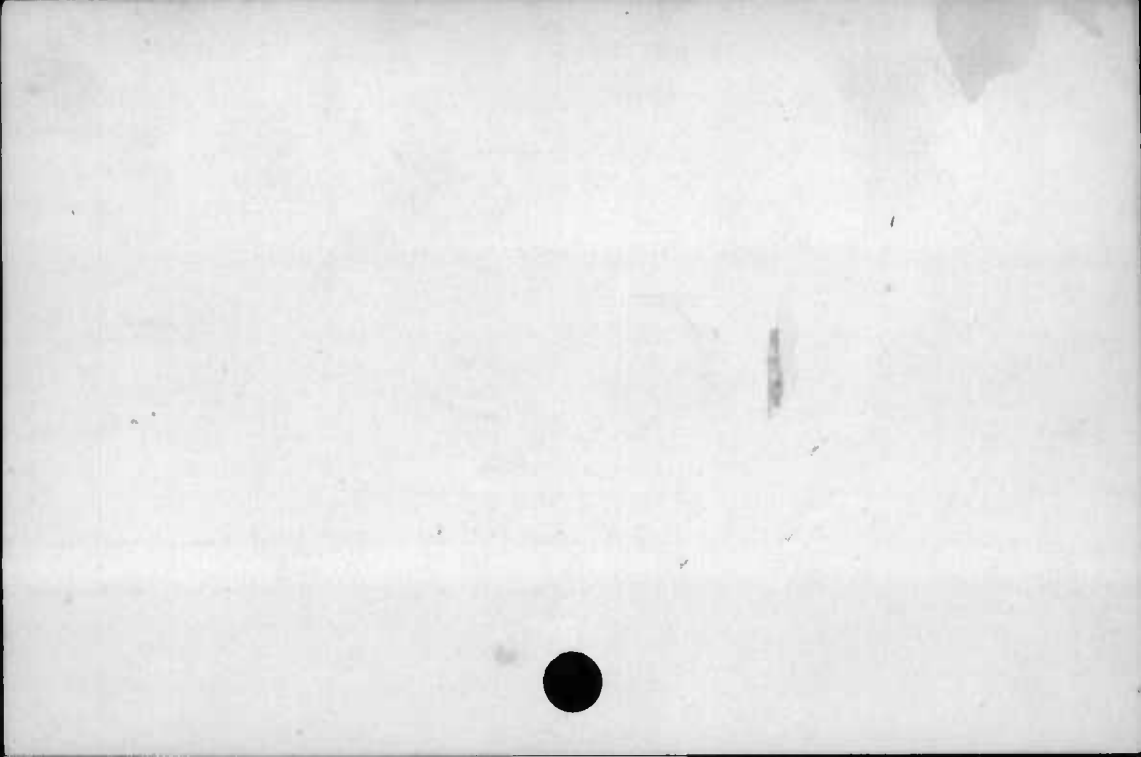
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	as near as possible
Signature of Physician	<i>E. H. Himmman</i>
Address	<i>Lo. Manboro,</i>
Accident or Suicide?	<i>Accidental Drowning</i>



Name in Full		Wm. H. Pitcher				6 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Island Brook		County	
		Date of death		1906 June 7		Age	
		Sex		Male		Color or Race	
		Occupation		Farmer		Birth-place	
		Where Residing if not at place of death				Calvert Co	
		Married, Single or Widowed		Married		Name of Wife or Husband	
PHYSICIAN OR CORONER		Father's Name		Joseph Pitcher		Father's Birthplace	
		Mother's Maiden Name		Katherine Chambers		Mother's Birthplace	
		Name of person giving information		Joseph Pitcher		How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Lightning Struck		How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		5 minutes	
				Address			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

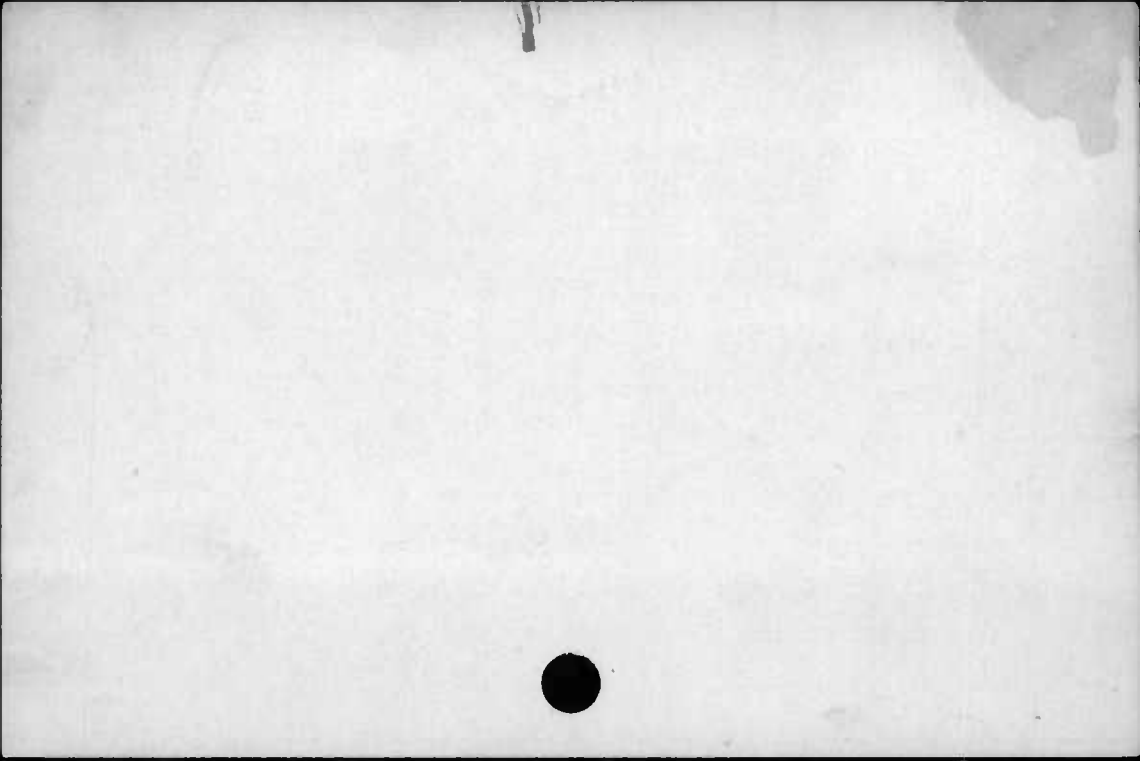
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mt. Harmony</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>21</i>	Age	Years	Months <i>3</i>	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Mt. Harmony</i>
Occupation	<i>_____</i>			Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>_____</i>				
Father's Name	<i>George Smothers</i>					Father's Birthplace	<i>A. A. Co. Md.</i>
Mother's Maiden Name	<i>Ida Hawkins</i>					Mother's Birthplace	<i>Calvert Co. Md.</i>
Name of person giving Information	<i>Ida Hawkins</i>					How related to deceased	<i>Mother</i>

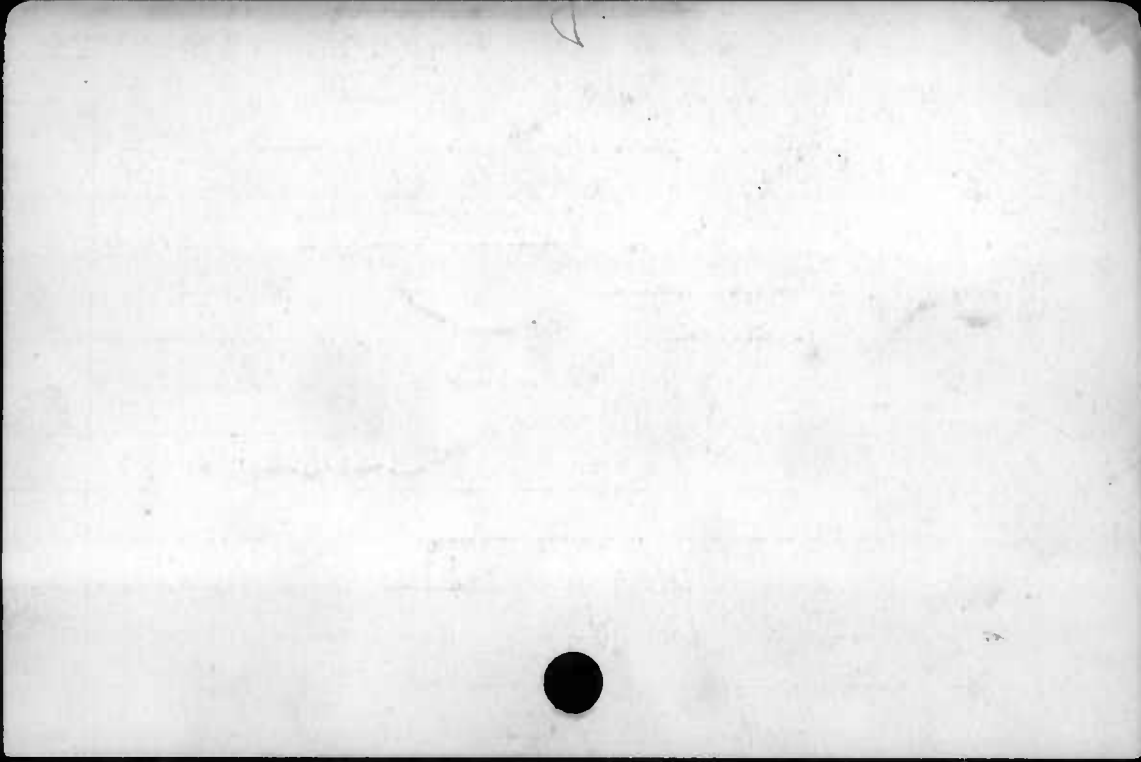
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis (105)</i>		How long	<i>2 weeks</i>
Immediate			How long	
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. M. Chaney</i>	
		Address	<i>Chaney, Md.</i>	
Accident or Suicide?				



Name in Full		Arthur T. Stevens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt. Harmony		County Calvert		MARYLAND
	Date of death	1906	Month June	Day 5	Age 14	Years	Months Days
	Sex	Male		Color or Race	White		Birthplace Calvert Co
	Occupation	School boy			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Francis Stevens				Father's Birthplace	Calvert Co
	Mother's Maiden Name	M. J. Sunderland				Mother's Birthplace	Calvert Co
Name of person giving information	Francis Stevens				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Peritonitis				How long	Several days
	Immediate	Heart Failure				How long	Several hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. L. Brayshaw	
					Address	Friendship Md	
	Accident or Suicide?						



Name
in
Full

Mason & Macneer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		June	19	49			
Sex		Color or Race		Birthplace			
white		Wh.		Calvert, Md			
Occupation				Where Residing if not at place of death			
Fanning							
Married, Single or Widowed				Name of Wife or Husband			
S							
Father's Name				Father's Birthplace			
Geo L M Macneer				Calvert Co.			
Mother's Maiden Name				Mother's Birthplace			
Martha E. Askey							
Name of person giving information				How related to deceased			
Charles Macneer							

CAUSES OF DEATH

Bilelasmus

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

179

